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# Emergency Primary Health Care

## IMC Eritrea

Final Report

Grant Number AOT-G-00-00-00267-00

September 15, 2000 – September 15, 2001

Submitted to United States Agency for International Development/Bureau for Humanitarian Affairs/Office of Foreign Disaster Assistance (USAID/BHR/OFDA)

# I. EXECUTIVE SUMMARY

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**Program Title** Emergency Primary Health Care

**Grant Number** AOT-G-00-00-00267-00

**Country/Region** Eritrea/Gash Barka Zone

**Disaster/Hazard** Complex Emergency/War

**Time Period Covered** September 15, 2000 – September 15, 2001

**Objective #1**

IMC provided internally displaced persons (IDPs), expellees, returning IDPs, repatriating refugees and other war-affected populations access to curative and preventive health care through the operation of mobile clinics. Communities that would have had limited or no access to primary health care services in the months after the cessation of hostilities between Eritrea and Ethiopia were able to receive curative consultations, appropriate medical treatment, preventive care and health education through IMC's mobile clinics. IMC staff performed 23,509 clinical consultations during the period of the OFDA grant. OFDA-funded preventive services included the administration of 4,136 doses of vaccines to beneficiaries during the period of the grant. OFDA-funded clinics provided 1,413 antenatal screenings to pregnant women during the period of the grant, of which 117 were classified as high risk and referred to appropriate medical facilities.

The budget for Objective #1 at the time the IMC proposal was developed stood at $171,877. During the course of the grant, IMC applied $ 259,354 to the activities associated with Objective #1.

**Objective #2**

IMC conducted three nutritional surveys and one rapid nutritional assessment in Goluj and Tessanei sub-zones during the period of the grant to monitor and evaluate the nutritional status of the program beneficiaries. Elevated levels of moderate malnutrition were found in both Goluj and Tessanei sub-zones. IMC responded with the operation of several supplementary feeding centers. Indicators gathered at the supplementary feeding centers indicated an improvement in the nutritional status of members of the community, especially children < 5 years. OFDA-funded supplementary feeding centers assisted 3,337 beneficiaries. Improvements in the distribution of general rations led to a decrease in the need for supplementary feeding centers. Throughout the reporting period, growth monitors attached to IMC's OFDA-funded mobile clinics screened 5,596 children under 5 years of age and assisted 1,048 cases found to be less than 80% weight-for-height with the provision of supplementary food stuffs. The guardians of the children were given health education on the topic of nutrition.

The budget for Objective #2 at the time the IMC proposal was developed stood at $170,686. During the course of the grant, IMC applied $ 170,686 to the activities associated with Objective #2.

**Objective #3**

IMC delivered information on various topics related to community health education to target populations including IDPs, expellees, returning IDPs, repatriating refugees and the members of war-affected communities. Health education on hygiene and sanitation, malaria control, injury prevention and the avoidance of infectious diseases was given through IMC's mobile clinics as well as through health education facilitators and village health committees. IMC health staff presented 581 sessions on various health topics

including breastfeeding, malaria, diarrhea/ORT, hygiene & sanitation, STDs/HIV/AIDS, nutrition, EPI/immunization, the use of medication and other public health matters. These sessions reached a total of 20,042 beneficiaries during the period of the OFDA grant in Gash Barka.

The budget for Objective #3 at the time the IMC proposal was developed stood at $51,545. During the course of the grant, IMC applied $51,545 to the activities associated with Objective #2

## II. PROGRAM OVERVIEW

Background of IMC Program in Eritrea

The resumption of large-scale fighting in the conflict between Eritrea and Ethiopia and the subsequent invasion of Eritrea by Ethiopia in May 2000 led to the displacement of more than one million Eritreans either inside the country or across international borders. The humanitarian crisis triggered by the "third offensive" and the subsequent displacement of a large number of persons led IMC to rapidly design and implement an emergency primary health care program for war-affected areas in Gash Barka zone. Activities began in July 2000 supported by Stichting Vluchteling (SV), the Netherlands Refugee Foundation, and the United Nations High Commissioner for Refugees (UNHCR).

Funding from USAID's Office of Foreign Disaster Assistance (OFDA) for IMC's emergency primary health care activities in Gash Barka commenced on September 15, 2000. OFDA's support provided the means to continue the delivery of emergency health care services initially funded by SV and UNHCR for internally displaced persons (IDPs) and other war-affected populations in Gash Barka zone. OFDA funding allowed IMC to continue and expand urgently needed primary health care services to sites throughout two sub-zones (Tessanei and Goluj) in Gash Barka zone.

The original period of the grant covered the period between September 15, 2000 and December 15, 2000. During the initial implementation of the activities supported by the OFDA grant, it became evident that the urgent medical needs of the war-affected population in Gash Barka zone would stretch far beyond December 15, 2000. During the last quarter of 2000 over 85,000 IDPs remained in camps in Gash Barka and tens of thousands of IDPs sheltered with host communities as their villages in and around the Temporary Security Zone (TSZ) still lacked basic conditions of security and services (health, water, sanitation, shelter, etc.) to permit mass returns. War-affected towns and villages outside of the TSZ struggled with a lack of basic community services or suffered from severe reductions in the quality of the services. The MoH requested IMC's continued assistance in the delivery of health services to war-affected populations in Gash Barka. In response, IMC submitted a request to OFDA for a six-month cost-extension for the activities in the health and nutrition sectors.

Towards mid-2001, the MoH concluded that it still lacked sufficient resources to provide adequate health care to war-affected populations in Gash Barka. Representatives from the MoH in Asmara and Gash Barka asked IMC to remain in place providing essential services through the end of 2001. Shortly thereafter, IMC reviewed its expenditures from the OFDA grant and determined that the program could be maintained for an additional three months, i.e. through September 15, 2001, without the need for any additional funding from OFDA. A no-cost request was submitted to OFDA prior to the termination of the grant. This request was approved and IMC was given clearance to continue its emergency health activities through September 15, 2001.

It should be noted that OFDA funding allowed IMC to cover a gap in its Eritrea program that was created when funding from the European Community Humanitarian Aid Office (ECHO) for emergency health services ended on June 30, 2001. The ECHO funding had supported emergency health services in eastern Gash Barka zone (Shambuko and Mensura sub-zones). IMC had applied for continued funding from the Dutch government and Stichting Vluchteling (SV) to carry this program forward. However, no reply had come from these donors by the end of the ECHO grant on June 30th. OFDA agreed to allow IMC to cover the health needs of the IDP and expellee populations in camps in Shambuko and Mensura sub-zones with funding from the OFDA grant through September 15, 2001.

IMC's focus during the period of the grant was on the provision of emergency primary health care services to IDPs, returnees (both IDP and refugees) and residents of war-affected communities that received IDPs and returning refugees/IDPs. Although a cease-fire was established in June 2000 and a formal peace agreement signed between the two countries in December 2000, very few IDPs returned home during most of the period of the grant. Only in June 2001 were conditions in place to allow the return of IDPs to their communities of origin in and around the Temporary Security Zone (TSZ) established by the United Nations Mission for Ethiopia and Eritrea (UNMEE). IMC's mobile clinics funded by OFDA followed IDPs as they returned to their communities of origin in July 2001 and provided essential primary health care services to individuals as they began the long process of re-establishing their lives and livelihoods in areas devastated by the war with Ethiopia.

However, a large number of IDPs and expellees remained in camps in Gash Barka after July 2001. According to figures provided by the Eritrean Refugee and Relief Commission (ERREC), approximately 26,000 IDPs and expellees were left in camps by September 15, 2001. The IDPs could not return home for the following reasons: a) their villages were in areas administered by Ethiopia, b) their villages were too close to the southern boundary of the TSZ and thus, Ethiopian military forces, c) the presence of mines and UXOs made the return home too risky, or d) the level of destruction of homes, community buildings and social infrastructure made return difficult. IMC continued to serve IDPs in camp situations after June 2001.

IDPs emergency health interventions also targeted IDPs residing amongst host populations, especially in the sub-zones of western Gash Barka. IDPs from the Om Hajer region remained scattered throughout communities in Goluj sub-zone waiting for the establishment of conditions (security & basic community infrastructure/services) that would facilitate their journey back to towns and villages near the border with Ethiopia.

Expellees residing in camps in Gash Barka remained in place as the current political climate between Eritrea and Ethiopia precluded any return to the communities in Tigray from which expellees were forcibly removed during the period of the grant.

Refugees returning to devastated communities in Gash Barka were another target group of IMC's health interventions in Eritrea. IMC delivered urgent medical services to those communities in the absence of any possibility for direct intervention from the debilitated Ministry of Health structures in Gash Barka. IMC's mobile clinics visited a number of communities that received Eritrean refugees returning from the Sudan throughout the period of the grant. The first returning refugees were those who fled during the Ethiopian invasion of western Gash Barka in May/June 2000. These "new" refugees returned immediately after the signing of the cessation of hostilities between Eritrea and Ethiopia in June 2000 with the assistance of UNHCR and ERREC. Some also returned spontaneously. Other refugees from the "new" caseload returned to Eritrea from Sudan in May 2001 when UNHCR and ERREC re-initiated the repatriation program. At this time, UNHCR and ERREC also began to move members of the "old" caseload, i.e. those Eritreans who had sought shelter in the Sudan over the course of the 30-year liberation struggle. IMC's health interventions supported both members of the "new" and "old" caseload of returning refugees from the Sudan as well as the war-affected communities that welcomed them back.

## Description of Activities

The decision to establish IMC primary care services in the war-affected sub-zones of Tessanei and Goluj (and later in Shambuko, Mensura and Lae Lay Gash sub-zones) was made in collaboration with the Ministry of Health (MoH) and the Eritrean Refugee and Relief Commission (ERREC) when it was determined that the MoH lacked the necessary personnel, material and logistical resources to establish critical health services in a timely manner for the IDPs in host communities, returning IDPs, returning refugees and the residents of several war-affected villages. The immediate provision of curative and preventive health services was necessary to curtail the imminent spread of communicable diseases among camp residents and war-affected communities.

Primary health care activities benefiting IDPs, deportees and other war-affected populations during the period of the OFDA grant included both curative and preventive services. Mobile clinics normally visited each site a minimum of two times per week. Where greater demand for services existed, mobile clinics visited sites three times per week. Curative services included the treatment of common outpatient diseases and conditions according to standardized Eritrean MoH guidelines. Preventive services

included the provision of standard childhood and adult vaccinations against preventable diseases, antenatal screening and postpartum examinations of both mother and newborn. In addition, all clients visiting the curative centers were given extensive health education and advice on how to prevent and manage common diseases and conditions (such as diarrhea) as well as the importance of complying with routine vaccinations and antenatal screening.

IMC's interventions in the nutrition sector under the OFDA grant included nutritional assessments and surveys, growth monitoring and the establishment and operation of supplementary feeding centers in high-risk areas.

In the field of community health education, IMC focused on providing basic information on topics most relevant to the communities served by IMC's program. Special attention was paid to hygiene and sanitation as conditions in camps and other war-affected settlements presented opportunities for the outbreak of transmittable diseases.

## III. **PROGRAM PERFORMANCE**

Objective #1 - *To increase access to primary health care services and community-based health promotion and education activities for Internally Displaced Persons (IDPs), deportees, returnees, repatriating refugees and other war-affected populations in various sub-zones of Gash Barka.*

IMC's emergency primary health care program funded by OFDA achieved its objective to increase access to primary health care services for IDPs, expellees, returning IDPs, repatriating refugees and other war-affected communities in areas throughout Gash Barka zone. IMC targeted IDPs and other war-affected groups living in communities that had been touched by the fighting as well as beneficiaries clustered in camps or other settlements distant from functioning MoH health facilities. Without IMC's interventions supported by OFDA, the majority of the war-affected beneficiaries would not have had access to regular and reliable health services between September 2000 and September 2001. Due to a shortage of human resources, supplies and logistical capacity, it would have been impossible for the MoH to oversee the delivery of health care services to the populations living amongst host communities in Goluj and Tessanei sub-zones. In addition, IMC was able to focus health assistance to IDP and expellee groups sheltered in camps in Kotobia, Tologamjier, Korokon and Shelab in Shambuko and Mensura sub-zones. The MoH lacked the capacity to serve all the populations of these camps with a wide-range of primary health care services. IMC's program brought services to areas where they would not have existed otherwise.

The mobile clinics visited 16 different sites throughout five sub-zones in Gash Barka where IDPs, expellees, returning IDPs, repatriating refugees and members of war-affected communities could receive preventive and curative health care that otherwise would not have been readily available. During the period September 15, 2000 through September 15, 2001, IMC's OFDA-funded PHC clinics provided 23,509 curative

consultations. The leading causes of morbidity during this reporting period included malaria, acute respiratory infections, and diarrhea.

OFDA-funded preventive services included the administration of 4,136 doses of vaccines to beneficiaries during the period of the grant. Following the protocol and guidelines for EPI established by the Eritrean Ministry of Health, IMC staff administered the following vaccines from its mobile clinics: measles, BCG, DPT, polio, and VAT.

OFDA-funded clinics provided 1,413 antenatal screenings to pregnant women during the period of the grant, of which 117 were classified as high risk and referred to appropriate medical facilities.

In addition to the normal range of PHC activities provided by IMC's mobile clinics, IMC's staff and equipment were put to use to support the MoH during national immunization campaigns in November 2000. With the support of IMC, the MoH was able to cover 92.8% of their target population in Tessanei sub-zone (approximately 6,680 persons) and 96.6% of the target population in Goluj sub-zone (approximately 7,365 persons).

Objective #2 - *To provide nutrition monitoring and supplementary foods to vulnerable groups known to have high malnutrition rates in Gash Barka zone.*

Nutritional surveys conducted by IMC in collaboration with UNICEF, SCF-UK and the MoH in October and November 2000 revealed elevated rates of moderate malnutrition in Goluj (11.1%) and in Tessanei (14.6%) sub-zones. Based on this data, and with the encouragement of the MoH, IMC established supplementary feeding activities at 11 sites located in these two sub-zones of Gash Barka.

Food stocks for the program were donated by ERREC and Dutch Inter-Church Aid, and consisted of a locally produced supplementary food known as DMK. A total of five static and six mobile supplementary distribution points were established during the OFDA grant. Each static site was supported by two growth monitors who were trained to accurately measure each child under five for height and weight, a register who was trained to accurately record the child's height and weight in the register log book, a dispenser of the supplementary food, and a supplementary food store keeper to monitor intake and outflow of stock. Growth monitors and registers supported each mobile site. During the first month of activities, 11 additional staff were hired and trained to teach beneficiaries how to prepare the food and to give appropriate nutrition advice.

In consultation with the Ministry of Health, IMC decided to conclude the operation of its supplementary feeding centers in Goluj and Tessanei sub-zones at the end of April 2001. The decision was made after the number of beneficiaries at the supplementary feeding centers fell below 50 per site. Standard practice dictates the closure of supplementary feeding centers when the number of beneficiaries meeting the criteria for moderate to severe malnutrition falls below 50, as the cost of operating each site is not justified for such a low number of patients. All remaining patients were referred to local health institutions for follow-up after the closure of the IMC program. Those sites

serviced by IMC's mobile clinics remained in operation. The feeding centers contributed to improving the nutritional status of vulnerable children as well as pregnant and lactating women. Distribution of general rations by WFP and ERREC also played a role in the improvement of the food security for vulnerable households in Goluj and Tessanei sub-zones. The improvement in food security was likely a significant factor in the decrease in the number of children exhibiting signs of moderate to severe malnutrition at IMC's supplementary feeding centers.

IMC provided growth-monitoring services to children less than five years of age through its mobile clinics in Tessanei and Goluj sub-zones throughout the period of the grant. Standard rations of DMK (8 kgs/beneficiary/month) were given to those children who fell below 80% on the weight-for-height index.

The supplementary feeding centers operated between January and April 2001 providing assistance to 3,337 beneficiaries. These beneficiaries included 1,022 children under five years of age measuring less than 80% weight-for-height, and 2,315 pregnant and lactating women. As mentioned earlier, by April 2001 most of IMC's centers had witnessed a reduction in the number of beneficiaries to below 50 registered per site.

IMC continued to provide growth monitoring services and supplementary feeding to targeted beneficiaries through its mobile clinics until the end of the program on September 15, 2001.

Objective #3 - *To provide community health education in topics such as hygiene, sanitation, malaria control, STD/HIV and nutrition to IDPs, returnees, repatriating refugees and other war-affected populations in Gash Barka zone to help control preventable illnesses and promote well-being.*

Community-based health education has been an integral part of the MoH's strategic plan for preventive health programs in Eritrea; however, IMC's initial assessment of the Gash Barka zone noted that there was no health education available to IDPs and other war-affected populations. IMC's community-based health promotion programs aimed to bridge this serious gap to promote a sanitary, healthy environment and to decrease the incidence of preventable diseases.

IMC's community health coordinator, a seasoned nurse with many years of experience in mobilizing community participation in health promotion activities, initiated IMC's training programs for community health workers in Goluj, Tessanei, Shambuko and Mensura sub-zones. Initial efforts were successful in the training of community health workers. IMC conducted training programs for community health workers in Goluj and Tessanei sub-zones on topics such as malaria control and safe motherhood practices. In Shelab the OFDA-funded community health coordinator also helped to establish a Village Health Committee (VHC) that was chosen by the communities as representatives to oversee the health promotion activities and act as liaison with IMC. Other community groups were organized in Tologamjier, Kotobia, Korokon and Dembe Asmara camps. Members of the community were also selected to be Community

Health Educators (CHEs) to conduct specific health education and hygiene promotion activities within the camp settings. All members of village health committees as well as hygiene promoters were trained in health education topics and participatory health education methods. The program began with IMC staff suggesting specific campaigns focused on topics relevant to a camp setting. However, as the village health committees gained confidence in their skills and knowledge, they began to suggest their own ideas about hygiene promotion activities and campaigns. The VHCs met with camp administrators about common health problems, and discussed ways to promote hygiene activities that they believed would decrease common diseases.

During the period of the grant, IMC's health education staff identified and trained hygiene promoters in the following camps: Korokon, Tologamjier, Kotobia and Shelab. Additionally, work was done to strengthen the VHC formed with the assistance of IMC in Shelab. IMC worked intensively with the VHC in Shelab to improve hygiene conditions in the camp.

As it became apparent that IDPs would return to their communities of origin in Gash Barka towards mid-2001 and since IMC staff were in regular contact with IDPs through the delivery of health services via mobile clinics, IMC decided to add mine awareness as a topic for the community health education sessions. IMC took the opportunity to provide training for its community health educator in the field of mine awareness education. IMC's health education staff attended courses on mine awareness education during the month of April. The staff then introduced the concepts of mine awareness to IDPs in camps in Shambuko sub-zone who were expected to return to communities of origin in and around the Temporary Security Zone. IMC's health education assistant also brought information on the mine awareness to communities throughout Goluj and Tessanei sub-zones. It is well known that many of these areas are littered with mines and unexploded ordinance (UXO). IMC staff began providing mine awareness education as part of the health education curriculum in April 2001 and continued through the end of the grant on September 15, 2001.

IMC's OFDA-funded PHC staff provided 581 health education sessions on such topics as prevention of diarrhea, the importance of immunizations, how to manage common upper respiratory infections, the proper use of medications, nutrition, STDs/HIV/AIDs, and how to prevent malaria to 20,042 participants through the mobile clinics funded by OFDA during the period between September 15, 2000 and September 15, 2001.

IMC's OFDA-funded health education coordinator organized and supervised the following activities during the period of the OFDA grant: 148 cleaning campaigns within IDP and expellee camps in Gash Barka. These were conducted on a bi-weekly basis and consisted of encouraging community participation in camp-wide trash pickup and general cleaning. IMC's hygiene promoters gave 18 school-based health education sessions to 2,133 school children, while 6,486 adults attended 57 health talks in the camps. 1,395 home visits were conducted in the camps during the reporting period. CHEs conducted 73 supervisory visits of water points in the camps, provided 87 inspection visits of garbage pits, and 42 latrine inspections.

Success Stories

The intensive efforts to educate the residents of the camps and surrounding communities on ways to prevent diarrhea decreased the number of clinical cases of diarrhea seen in the clinics operating in camp; especially Shelab, where the cases of bloody diarrhea dropped from 104 cases per month in February, to 58 cases in March, and to only 19 cases in April, an overall drop of 82% in a 2-month time period. During the month of April 2001, patients complaining of bloody diarrhea dropped to less than 2% of the chief complaints presenting to the clinic. Bloody diarrhea had accounted for 7% of the chief complaints three months earlier. IMC's OFDA-funded Community Health Coordinator responded to the high rates of diarrhea found in Shelab by organizing a Village Health Committee in February 2001. Working through the Village Health Committee to spread information on hygiene, sanitation and diarrhea prevention, IMC was able to appreciably reduce the incidence of diarrhea in Shelab camp.

In June 2001 IMC's mobile clinic was visited by a man who had just been bitten by a poisonous snake near Angulet (Goluj sub-zone). IMC's mobile clinic was able to transport the stricken individual immediately to Tessanei hospital for treatment with anti-venoms. The individual bitten by the snake survived thanks to IMC's timely intervention.

IMC's mobile clinics participated in several National Immunization Days sponsored by the Ministry of Health. The MoH lacked the necessary human and material resources to provide widespread coverage of the vaccination campaign. IMC's resources were put at the disposal of the MoH on four occasions to increase the coverage of the vaccination campaign in Goluj and Tessanei sub-zones during the period.

An automobile accident on the road between Goluj and Tessanei in April 2001 left a several individuals dead and a number injured. IMC staff passed by the scene of the accident shortly after it occurred and transported the injured to the health center in Goluj for treatment.

In August 2001, IMC's mobile clinic visited Aklalat (Goluj sub-zone), an area with large numbers of refugee returnees. A pregnant woman was rushed to the IMC clinic. She was experiencing obstructed labor that was potentially life threatening. IMC's team began to work immediately on the woman and safely delivered the baby. There were many other cases where IMC's team assisted complicated pregnancies in IDP camps and war-affected communities. Some babies were delivered on the spot. In other cases, the pregnant women were transported by IMC's mobile clinics to the nearest referral hospital for delivery of the baby.

Difficulties Encountered During Implementation

During the design of IMC's emergency health interventions in Gash Barka, the Ministry of Health agreed to supply IMC with all drugs necessary for the operation of its OFDA-

funded mobile clinics in Gash Barka. However, the Ministry of Health experienced problems with its pipeline for drugs during the month of March 2001. Pediatric medicines were especially in short supply. IMC clinical services were not provided with a sufficient quantity of drugs to treat all cases that presented for treatment at the IMC clinics. The shortages of drugs left IMC's mobile clinics operating in Goluj sub-zone without sufficient medications to treat patients for approximately six weeks in April/May 2001. The number of patients attending IMC's mobile clinics dropped during this period as IMC's capacity to treat illnesses and injuries was reduced due to a lack of drugs. Towards the end of May, the disruption in the drug pipeline from the Ministry of Health eased and IMC received additional stocks of all necessary drugs.

The OFDA grant did not allow IMC to purchase vehicles for its emergency health program in Gash Barka. OFDA insisted on rental vehicles over purchased vehicles. Unfortunately, the quality of rental vehicles in Eritrea is very low. IMC was forced to rent vehicles that were over 12 years old on average and had passed 200,000 kilometers. The rental companies did not properly maintain these vehicles. As IMC's mobile clinics operated in remote and punishing environments, the vehicles often experienced mechanical failures. The large numbers of mechanical failures in the vehicles led to difficulties maintaining the schedules of the mobile clinics. At times, staff were stranded in remote areas known to have security risks by the breakdown of the cars. In the end, it cost OFDA just as much (if not more) to rent old, unreliable vehicles.

## GEOGRAPHIC LOCATIONS OF ALL MAJOR PROGRAM ACTIVITIES

| | Zone | Sub-zone | Village/Camp/Town | Period of Activities | Type of Beneficiaries |
|---|---|---|---|---|---|
| Objective #1 - Mobile Clinics (Curative & Preventive Care - EPI, Antenatal Screening, Growth Monitoring, Health Education) | Gash Barka | Tessanei | Ali Geder | Sep-00 thru Sep-01 | Refugee Returnees/War Affected |
| | Gash Barka | Tessanei | Setimo | Sep-00 thru Sep-01 | Refugee Returnees/War Affected |
| | Gash Barka | Goluj | Amello | Sep-00 thru Nov -00 | IDPs/War Affected |
| | Gash Barka | Goluj | Mengula | Sep-00 | IDPs/War Affected |
| | Gash Barka | Goluj | Gerset | Sep-00 thru Jun-01 | IDPs/War Affected/Refugee Returnees |
| | Gash Barka | Goluj | Sabunait | Nov-00 thru Jul-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Sandaishina | Oct-00 | IDPs/War Affected |
| | Gash Barka | Goluj | Aklalat | Jul-01 thru Sep-01 | Refugee Returnees/War Affected |
| | Gash Barka | Shambuko | Kotobia | Jul-01 | IDPs |
| | Gash Barka | Shambuko | Korokon | Jul-01 thru Sep-01 | IDPs/Expellees |
| | Gash Barka | Shambuko | Bushuka | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| | Gash Barka | Mensura | Shelab | Jul-01 | Expellees/Host Community |
| | Gash Barka | Lae Lay Gash | Meflech | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| | Gash Barka | Lae Lay Gash | Adi Begdi | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| | Gash Barka | Lae Lay Gash | Derseney | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| Objective #2 - Nutrition | Gash Barka | Tessanei | Ali Geder | Jan-01 thru Apr-01 | Refugee Returnees/War Affected |
| | Gash Barka | Tessanei | Setimo | Jan-01 thru Apr-01 | Refugee Returnees/War Affected |
| | Gash Barka | Tessanei | Talatasher | Jan-01 thru Apr-01 | Refugee Returnees/War Affected |
| | Gash Barka | Tessanei | Tessanei | Jan-01 thru Apr-01 | Refugee Returnees/War Affected |
| | Gash Barka | Goluj | Angulet | Jan-01 thru Apr-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Gergef | Jan-01 thru Apr-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Gerset | Jan-01 thru Apr-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Goluj | Jan-01 thru Apr-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Sabunait | Jan-01 thru Apr-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Tebeldia | Jan-01 thru Apr-01 | IDPs/War Affected |
| Objective #3 - Community Health Education | Gash Barka | Tessanei | Ali Geder | Sep-00 thru Sep-01 | Refugee Returnees/War Affected |
| | Gash Barka | Tessanei | Setimo | Sep-00 thru Sep-01 | Refugee Returnees/War Affected |
| | Gash Barka | Goluj | Amello | Sep-00 thru Nov -00 | IDPs/War Affected |
| | Gash Barka | Goluj | Mengula | Sep-00 | IDPs/War Affected |
| | Gash Barka | Goluj | Gerset | Sep-00 thru Jun-01 | IDPs/War Affected/Refugee Returnees |
| | Gash Barka | Goluj | Sabunait | Nov-00 thru Jul-01 | IDPs/War Affected |
| | Gash Barka | Goluj | Sandaishina | Oct-00 | IDPs/War Affected |
| | Gash Barka | Goluj | Aklalat | Jul-01 thru Sep-01 | Refugee Returnees/War Affected |
| | Gash Barka | Shambuko | Kotobia | Nov-00 thru Jul-01 | IDPs |
| | Gash Barka | Shambuko | Korokon | Nov-00 thru Sep-01 | IDPs/Expellees |
| | Gash Barka | Shambuko | Tologamjier | Nov-00 thru Jul-01 | IDPs |
| | Gash Barka | Shambuko | Dembe Asmara | Nov-00 thru Apr-01 | IDPs/War Affected |
| | Gash Barka | Shambuko | Bushuka | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| | Gash Barka | Mensura | Shelab | Nov-00 thru Jul-01 | Expellees/Host Community |
| | Gash Barka | Lae Lay Gash | Meflech | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| | Gash Barka | Lae Lay Gash | Adi Begdi | Aug-01 thru Sep-01 | IDP Returnees/War Affected |
| | Gash Barka | Lae Lay Gash | Derseney | Aug-01 thru Sep-01 | IDP Returnees/War Affected |